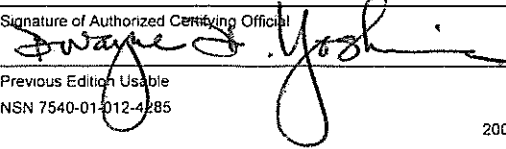


ORIGINAL

## FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration		2. Federal Grant or Other Identifying Number Assigned By Federal Agency Help America Vote Act, Public Law 107-252		OMB Approval No. 0348-0039	Page of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) State of Hawaii, Office of Elections 802 Lehua Avenue, Pearl City, Hawaii 96782					
4. Employer Identification Number 99-0259420		5. Recipient Account Number or Identifying Number 01-000497		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/25/2003		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) 4/24/2003	
				To: (Month, Day, Year) 12/31/2003	
10. Transactions:					
		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays				6,025.66	
b. Refunds, rebates, etc				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		0.00		6,025.66	
				6,025.66	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f or g				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00		0.00	
				0.00	
j. Federal share of net outlays (line d less line i)		0.00		6,025.66	
				6,025.66	
k. Total unliquidated obligations				11,029.00	
l. Recipient's share of unliquidated obligations				0.00	
m. Federal share of unliquidated obligations				11,029.00	
n. Total Federal share (sum of lines j and m)				17,054.66	
o. Total Federal funds authorized for this funding period				5,000,000.00	
p. Unobligated balance of Federal funds (Line o minus line n)				4,982,945.34	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above				0.00	
r. Disbursed program income using the addition alternative				0.00	
s. Undisbursed program income				0.00	
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. The funds are in an interest bearing account. For the period 04/25/03-12/31/04, we earned \$95,046.01 in interest.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Dwayne D. Yoshina, Chief Election Officer				Telephone (Area code, number and extension) (808)453-8683	
Signature of Authorized Certifying Official 				Date Report Submitted July 1, 2004	

**ORIGINAL****TOTAL OUTLAYS FOR TITLE I FUNDS**

Period: 04/25/03 to 12/31/03

Amount	Date Paid	Vendor	Description	HAVA Reference	Purpose
1,489.13	12/05/03	Judy Paik (employee) Election Info. Specialist	Payroll - 11/5-15/03	Section 261. Payments to States and Units of Local Government to Assure Access for Individuals with Disabilities	Pursuant to Title II, Part 2, Section 261, this office received grant award from the U.S. Department of Health and Human Services in the amount of \$100,000. An Election Information Specialist was hired and is responsible for enhancing accessibility to elections for individuals with disabilities. More specifically, making polling place accessible; providing equal opportunity to voting services with individuals with disabilities; training election officials and poll workers to best promote access and participation of individuals with disabilities in elections; and providing information on accessibility of polling places.
1,736.53	12/19/03	Judy Paik (employee) Election Info. Specialist	Payroll - 11/16-30/03	same as above	same as above
2,800.00	11/18/03	Research Corporation of the University of Hawaii, Public Administration Department	Services rendered for statewide training program for election officials. Fee includes planning and program design and development.	Section 251 (b)(2). Activities to Improve the Administration of Elections	Staff at the Office of Elections does not readily have access to continuing professional education and contact with other election administrators on the mainland. A three-day workshop was designed to increase understanding and knowledge of public administration and election administration. The workshops addressed subjects such as elections in a changing world, communication processes, customer/client and media relations, and organizational processes. Workshop was designed and conducted by the Department of Public Administration, University of Hawaii at Manoa.
6,025.66	<b>TOTAL</b>				

ORIGINAL

STATE OF HAWAII  
EMPLOYERS SHARE CONTRIBUTION ASSESSMENT REGISTER  
FOR PAYROLL PERIOD ENDING 12/15/2003  
DATE PAID 12/19/2003

HO3 DAGS-ARCHV/SURVEY/SECA/STADIUM  
REPORT NO. PRE314

PAGE 1

ENC F-SYM-D S/D OBJ FUNC LOC PROJ

SS-NO	NAME	990 MEDICAL	991 CHLD DENTAL	992 W/C	TOT GROSS	989 U/C	CHRG GROSS	994 MEDICARE	996 P-RET	998 REG-RET
		986 DRUG	987 VISION	993 INSUR	988 ADULT DENTAL	995 RET-HLTH		997 FICA	999 ADM-FND	
S-203-M	000 2000									
<del>443-58-1905</del>	<del>ANN FLORENCE</del>	10 -								
		70.66		3.41	1624.00		1624.00	22.79		144.05
			14 -	2	2.08	7.40	116.93		97.46	.16
			466.74 *				1624.00			
		70.66 *	*	3.41 *	2.08 *		*	22.79 *	*	144.05
			*	1.80 *	7.40 *		116.93 *	97.46 *	*	.16 *
S-203-M	0000									
<del>443-58-1905</del>	<del>ANN FLORENCE</del>	10 -								
		70.66		2.80	1335.00		1335.00	19.18		118.41
			14 -	2	2.08	7.40	96.12		82.03	.13
			400.61 *				*	19.18 *	*	118.41
		70.66 *	*	2.80 *	2.08 *	7.40 *	96.12 *	82.03 *	*	.13 *
			*	1.80 *			*			
		141.32 **	**	6.21 **	4.16 **		2959.00	41.97 **	**	262.46
			**	3.60 **	14.80 **		213.05 **	179.49 **	**	.29 **
S-227-M	604 2000									
<del>443-58-1905</del>	<del>PAIK, JUDY E</del>	10 -								
		70.66		2.80	1335.00		1335.00	19.36		118.41
			14 -	2	2.08	7.40	96.12		82.77	.13
			401.53 *				*	19.36 *	*	118.41
		70.66 *	*	2.80 *	2.08 *	7.40 *	96.12 *	82.77 *	*	.13 *
			*	1.80 *			*			
		401.53 **	**	2.80 **	2.08 **	7.40 **	1335.00	19.36 **	**	118.41
		70.66 **	**	2.80 **	2.08 **	7.40 **	96.12 **	82.77 **	**	.13 **
			**	1.80 **			**			
S-207-M	2000									
<del>443-58-1905</del>	<del>ANN FLORENCE</del>	10 -								
		209.89			1841.50		1841.50	24.82		163.34
			14 -	2	2.08	25.01	132.59	106.14		.18
				3.84	11 -					

ORIGINAL

STATE OF HAWAII  
EMPLOYERS SHARE CONTRIBUTION ASSESSMENT REGISTER  
FOR PAYROLL PERIOD ENDING 11/30/2003  
DATE PAID 12/05/2003

MO3 DAGS-ARCHV/SURVEY/SECA/STADIUM  
REPORT NO. PRE314

PAGE 1

ENC F-SYM-D S/D OBJ FUNC LOC PROJ

SS-NO	NAME	TOTAL IMPOSE	TOT GROSS	CHRG GROSS	996 P-RET	998 REG-RET
	990 MEDICAL	992 W/C	989 U/C	994 MEDICARE	997 FICA	999 ADM-FND
	991 CHLD DENTAL	993 INSUR	988 ADULT DENTAL	995 RET-HLTH		
	986 DRUG	987 VISION				
S-203-M	000 2000					
	10 - 70.66	466.74	1624.00	1624.00	22.79	97.46
		14 -	2	7.40		
		466.74 *		1624.00		
	70.66 *	3.41 *	2.08 *	116.93 *	22.79 *	97.46 *
		1.80 *		7.40 *		
		3.41 *	2.08 *	116.93 *		
		1.80 *		7.40 *		
S-203-M	000 2000					
	10 - 70.66	397.54	1335.00	1335.00	18.60	79.54
		14 -	2	7.40		
		397.54 *		1335.00		
	70.66 *	2.80 *	2.08 *	96.12 *	18.60 *	79.54 *
		1.80 *		7.40 *		
		2.80 *	2.08 *	96.12 *		
		1.80 *		7.40 *		
S-203-M	604 2000					
	10 - 141.82	864.28	2959.00	2959.00	41.39	177.00
		14 -	2	14.80		
		864.28 *		2959.00		
	141.82 *	6.21 *	4.16 *	213.05 *	41.39 *	177.00 *
		3.60 *		14.80 *		
		6.21 *	4.16 *	213.05 *		
		3.60 *		14.80 *		
S-227-M	604 2000					
	10 - 287.63	287.63	1201.50	1201.50	17.42	74.49
		14 -	2	86.51		
		287.63 *		1201.50		
	287.63 *	2.52 *	2.08 *	86.51 *	17.42 *	74.49 *
		1.80 *		7.40 *		
		2.52 *	2.08 *	86.51 *		
		1.80 *		7.40 *		
S-227-M	2000					
	10 - 209.89	667.89	1841.50	1841.50	24.82	106.14
		14 -	2	25.01		
		667.89 *		1841.50		
	209.89 *	3.84 *	2.08 *	132.59 *	24.82 *	106.14 *
		1.80 *		7.40 *		
		3.84 *	2.08 *	132.59 *		
		1.80 *		7.40 *		

**STATE OF HAWAII  
REQUISITION & PURCHASE ORDER  
OFFICE OF ELECTIONS**

OFFICE OF ELECTIONS

ORGANIZATION

FUNCTION AND ACTIVITY

**NOTICE TO VENDORS**

Conditions of purchase are listed on the back side of this purchase order. Please read carefully. Payments may be delayed if all steps are not followed.

UNIVERSITY OF HAWAII AT MANOA  
PUBLIC ADMINISTRATION PROGRAM

2424 MAILE WAY, SAUNDERS HALL 631

HONOLULU, HI 96822

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We encourage the participation of women and minorities in all phases of employment.

F IASE 00000495  
O. R NO.

P.O. #13028 13128-13028

Date 09/22/03

Deliver Before

**DELIVERY ADDRESS**

802 LEHUA AVENUE  
PEARL CITY, HAWAII 96782

**BILLING ADDRESS**

802 LEHUA AVENUE  
PEARL CITY, HAWAII 96782

**ORIGINAL**

QUAN.	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
		Services rendered for the upcoming Statewide Training Program for election officials		\$2,800.00

Scott Nago

453-8683

REQUISITIONER

TELEPHONE

VOUCHER  
NUMBER

AUTHENTICATED BY:

GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY

DATE

AUTHORIZED SIGNATURE

REQUISITION NO.

FOR DEPARTMENT USE ONLY

VENDOR  
NUMBER  
XXXXXX  
21312807  
0000115333-01

**PAID**  
11/18/03

S0045937  
77038

FX	TC	F	YR	APP	D	OBJECT	CC	PROJ NO.	PH	ACT	ESTIMATED COST	ACTUAL COST	M	R	OPT DEPT DATA
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1	621	G	04	004	M	7149	B		1	604	2800.00				
01	221	S	04	004	M	7149	B		1	604	2800.00				

**COPY #2 - ENCUMBRANCE COPY**

STATE ACCOUNTING FORM C-03  
JULY 1, 1983 (REVISED)